

Yes! I would like to support QMS with a contribution to the Annual Fund 2017-18

Please direct my contribution to:			Please list your name(s) as you would like to be recognized			
☐ QMS Scholarships/Bursaries ☐ Equestrian Programming			Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.			
☐ Head's Fund ☐ other						
Please accept my ONE-TIME donation			FIRST NAME LAST NAME			
□\$10,000 □\$5,000	□\$2,500 □\$1,000 □\$5	500 🗆 \$250 🗆 \$100				
□ other \$			ADDRESS			
I would like to make a MONTHLY gift of \$			CITY	PROVINCE/STATE	POSTAL/ZIP	CO
I would like to make a YE	ARLY gift of \$	_ for years	EMAIL		A(1)	PHONE
Affiliation				nent: Donate online at N	www.ams.hc	
☐ Current Parent	☐ Grandparent	☐ Former Parent	,			
☐ Board Member	☐ Current Staff Member	□Friend	□cheque □post	dated cheque ☐ Visa	☐Mastercard	□AMEX
☐ Former Staff Member	☐ Alum Class of					
			CARD #			EXPIRY
☐ I would like further info	rmation on Planned Giving o	pportunities				
			SIGNATURE			DATE

